

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7	1					
8	1	1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16	1					
17		1				
18	1					
19	1					
20		1				
21	1					
22		1				
23		1				
24	1					
25		1				
26		1				
27	1	1				
28	1					
29	1					
30	1					
31	1					
32			1		1	
33				1		1
34				1		1
35				1		1
36				1		1
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42				1		1
43				1		1
44			1			
45				1		
46				1		
47				1		
48						
49						
50						
TOTAL IND.		1	2	1	1	1
TOTAL DEP.			14		11	
TOTAL CLAIMS			16		12	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS